



KRAMER & AMADO, P.C.
PATENT RESEARCH SERVICES
INTELLECTUAL PROPERTY LAW

1725 DUKE STREET
SUITE 240
ALEXANDRIA, VIRGINIA 22314
PHONE: (703) 519-9801
FACSIMILE: (703) 519-9802
WWW.KRAMERIP.COM

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FROM: Artir M. Amado
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DATE: July 29, 2005

SUBJECT: U.S. Patent Application
Title: **ELECTRODE-BEARING GUIDE, COCHLEAR IMPLANT
COMPRISING SAID GUIDE AND PRODUCTION
METHOD THEREOF**
Serial No.: 10/539,520
Attorney Docket No.: ABG 3003

PAGES: INCLUDING COVER PAGE (11)

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- Executed Declaration/Power of Attorney (2 pages)
- Preliminary Amendment (3 pages)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/539,520	
	Filing Date	June 17, 2005	
	First Named Inventor	Manuel Manrique Rodriguez	
	Art Unit	Unassigned	
	Examiner Name	Unassigned	
Total Number of Pages In This Submission	10	Attorney Docket Number	ABG 3003

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Assignment Declaration and Power of Attorney
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Arir M. Amado, Reg. No. '51,399 KRAMER & AMADO, P.C.
Signature	
Date	July 29, 2005

CERTIFICATE OF TRANSMISSION/MAILING		
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JUL 29 2005

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/539,520 Filing Date June 17, 2005 First Named Inventor Manuel Manrique Rodriguez Examiner Name Unassigned Art Unit Unassigned Attorney Docket No. ABG 3003	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 105.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
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<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP =		x	=		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =		x	=				
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/ 50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Assignment Recordation, Late Oath or Declaration							105.00

SUBMITTED BY		
Signature	Registration No. 51,399 (Attorney/Agent)	Telephone (703) 519-9801
Name (Print/Type) Arlir M. Amado	Date July 29, 2005	

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08/01/2005 SFELEK1 00000018 10539520

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	:	Manuel Manrique Rodríguez, et al.
	:	
For	:	ELECTRODE-BEARING GUIDE, COCHLEAR IMPLANT COMPRISING SAID GUIDE AND PRODUCTION METHOD THEREOF
	:	
Serial No.:	:	10/539,520
	:	
Filed	:	June 17, 2005
	:	
Art Unit	:	Unassigned
	:	
Examiner	:	Unassigned
	:	
Att. Docket	:	ABG 3003
	:	
Confirmation No.	:	Unassigned

PRELIMINARY AMENDMENT

Mail Stop Amendment
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Sir:

Please amend the above-identified application as set forth below:

SPECIFICATION AMENDMENTS begin on page 2 of this paper.

REMARKS/ARGUMENTS begin on page 3 of this paper.